Application or Docket Number								
PATENT APPLICATION	10 19863233,							
Effec	l	CSCO	-1	0380	8			
CLAIMS AS FILED - PART I (Column 1) (Column		(Column 2)	SMALL TYPE	ENTITY	OR	OTHER SMALL		
TOTAL CLAIMS 24			RATE	FEE	1	RATE	FEE	
FOR	NUMBER FILED	NUMBER EXTRA	BASIC F	EE 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS	W minus 20=	. 4	X\$ 9:		OR	X\$18=	22	
INDEPENDENT CLAIMS	2 minus 3 =	. —	X40=	:	OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT		+135	_	OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTA		OR	TOTAL	782	
CLAIMS AS AMENDED - PART II					J • · · ·	OTHER		
(Column 1) (Column 2) (Column 3)				L ENTITY	OR	SMALL		
CLAIMS REMAINING	NUM PREVI	MEST MBER PRESENT HOUSLY EXTRA	RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE	
Total • #9 Independent • 5	Minus	24 - 19	X\$ 9	- (OR	X\$18=	342	
Independent • 5	Minus •••	3' = 2	X40-		OR	X80=	\$172	^
FIRST PRESENTATION OF A	ULTIPLE DEPENDEN	II CLAIM	+135	. 7	OR	+270=	9	五
		11-1-04	10		-		\$574.0	A
B			ADDIT. F	EE	JOR	ADDIT. FEE	43/4.5	
(Column 1)		umn 2) (Column 3) REST	—	T ADDI-	1		ADDI-	į
REMAINING AFTER AMENDMENT Total Independent Total	PREV	MBER PRESENT HOUSLY EXTRA D FOR	RATE	•		RATE	TIONAL	ļ
Total · 43	Minus •• Ş	13 =	X\$ 9	-	OR	X\$18=		
Independent • 5	Minus •••	5 -(X40:		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					1		/	
10	1 /		+135		OR	+270=	/	
C KCE 3/29/15 (Column 2) (Column 3)				EE L	OR	ADDIT. FEE		
Column		umn 2) (Column 3)			_		,	İ
CLAIMS REMAINING AFTER AMENDMENT Total • 47 Independent • 5	NU PREV	MBER PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total · 43	Minus **	43 -	X\$ 9		OR	X\$18=/	,	
tndependent • 5	Minus •••	5	X40		1	X89=		
FIRST PRESENTATION OF	MULTIPLE DEPENDE	NT CLAIM]		OR	-/-		
		to a state to a second	+135		OR	+270=		
til the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."				EE	OR	ADDIT. FEE		
***If the "Highest Number Previously I The "Highest Number Previously I	Paid For IN THIS SPACE Paid For (Total or Independent	E is less than 3, enter "3." indent) is the highest numb	er lound in th	e appropriate b	eax in c	okima 1.		